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CONFIRMATION NO. 4092

<b>SERIAL NUMBER</b> 10/618,956	<b>FILING OR 371(c) DATE</b> 07/14/2003 <b>RULE</b>	<b>CLASS</b> 549	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> 121.01US
<b>APPLICANTS</b> Sharat Singh, San Jose, CA; Hasan Tahir, Foster City, CA;				
<b>** CONTINUING DATA *****</b> <i>us</i> This appln claims benefit of 60/399,047 07/26/2002 and claims benefit of 60/441,034 01/17/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>us</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/16/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>RA</i> <i>us</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 17 <input checked="" type="checkbox"/>	<b>TOTAL CLAIMS</b> 56 <input checked="" type="checkbox"/> <b>INDEPENDENT CLAIMS</b> 4 <input checked="" type="checkbox"/>
<b>ADDRESS</b> 33603				
<b>TITLE</b> Lipophilic electrophoretic probes				
<b>FILING FEE RECEIVED</b> 741	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	